

Foster Family Home - Corrective Action Report

Provider ID: 1-180011

Home Name: Imee Gallardo

Review ID: 1-180011-1

1596 Kaweloka Street

Reviewer: Carrie Wakai

Pearl City HI 96782

Begin Date: 4/4/2018

End Date: 4/09/18

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Home visit made for a new 2 client CCFFH certification survey. A Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 4/17/2018.

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1(a)1 & 7.1(a)2-No 2nd APS/CAN/Fingerprinting present in the folder for CG#2.

Carrie Wakai RN
Compliance Manager

[Signature]
Primary Care Giver

4/6/18
Date

4/4/18
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Imee Gallardo

CCFFH Address: 1596 Kaweloka Street Pearl City, HI 96782

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a)(1)	SCG #1 took his fingerprints on April 5, 2018. Record can be find in the Home personnel binder.	April 5, 2018	The home will insure that all SCG & PCG's fingerprints are updated in binder. PCG will write on calendar as a reminder.
7.1(a)(2)	SCG #1 took his APS/CAN on April 5, 2018 records can be find in the Home personnel binder.	April 5, 2018	The home will write a reminder on the calendar for APS/CAN ^{to prevent} discrepancies. due dates of

Primary Caregiver's Signature: _____

Print Name: Imee Gallardo

Date of Signature: 4/09/2018